

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155226		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2011	
NAME OF PROVIDER OR SUPPLIER  NORTH CAPITOL NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2010 N CAPITOL AVE INDIANAPOLIS, IN46202			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00094070.</p> <p>Complaint IN00094070-Substantiated, deficiencies related to the allegations are cited at F441 .</p> <p>Survey date: August 3, 4 2011</p> <p>Facility number: 000131 Provider number: 155226 AIM number: 100274910</p> <p>Survey team: Chuck Stevenson, RN-TC Rita Mullen, RN (August 4 2011)</p> <p>Census bed type: SNF: 19 SNF/NF: 88 Total: 107</p> <p>Census payor type: Medicare: 19 Medicaid: 77 Other: 11 Total: 107</p> <p>Sample: 5</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible compliance and requests a Desk review on or after 08/09/11</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on August 5, 2011 by Bev Faulkner, RN						

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a staff member washed their hands after cleaning a resident, who was incontinent of urine, and before applying a treatment</p>			F0441	<p><b>F 441</b> It is the practice of this provider to ensure that staff wash hands before and after providing care to residents <b>What corrective action(s) will be accomplished for those</b></p>		08/09/2011

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	<p>and reapplying a dressing to an open wound. This impacted 1 resident during 1 of 1 observations of wound care. (Resident B)</p> <p>Findings include:</p> <p>During an observation of a wound site with LPN #1, on 8/4/11 at 9:45 A.M., LPN #1 washed her hands and put on gloves. Resident B was rolled to her right side and the dressing to the coccyx was removed. Resident B had been incontinent of urine and LPN #1 cleaned and dried the Resident. LPN #1 removed the soiled gloves and put on another pair of gloves, without washing her hands. The treatment to the open coccyx was then completed and a new dressing applied. LPN #1 removed her gloves and washed her hands before leaving the room.</p> <p>During an interview with LPN #1, on 8/4/11 at 10:05 A.M., she indicated that she should have washed her hands after cleaning the resident's bottom."</p> <p>A Dressing Change Policy and Procedure, dated 1/2010, received from the Director of Nursing, on 8/4/11 at 11:15 A.M., indicated the following:</p> <p>"A. Purpose</p> <p>1. Provide guidance to the licensed nurse</p>				<p><b>residents found to have been affected by the deficient practice:</b> The nurse was provided with a 1:1 inservice immediately on both handwashing and dressing changes. The nurse was then observed by nurse manager during a dressing change to verify that correct technique was used for washing hands during the dressing change. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b> All residents who have dressing changes have the ability to be affected by this alleged deficient practice. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</b> All staff will complete a handwashing skills validation. All licensed nurses will complete a dressing change skills validation. To be completed by the DNS or designee. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</b> Infection control review CQI form will be completed weekly x4, monthly x2, and then quarterly thereafter or until threshold is met. Form to be completed by DNS or designee.</p>		

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	to promote healing and prevent the spread of infectious disease....  C. Procedure... 6. Wash hands and don gloves. 7. Remove old dressing from resident's skin and place (drop) directly in trash receptacle. 8. Remove gloves and decontaminate hands by washing or using alcohol gel. 9. Don new gloves..."  This Federal tag relates to Complaint IN00094070.  3.1-18(l)						